

**LYNCHBURG FIRE & EMS DEPARTMENT**  
**P O BOX 799**  
**LYNCHBURG, VA 24505**  
**434/455-6340**

On (date) \_\_\_\_\_, (Name of Patient) \_\_\_\_\_

was given notice of the Privacy Practices of Lynchburg Fire and EMS Department by  
(Name of LF&EMS Personnel ) \_\_\_\_\_.

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I acknowledge that I was provided with a copy of the Lynchburg Fire and EMS Department  
Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

[If you are unable to provide the Notice of Privacy Practices to the patient because  
of an emergency treatment or other situation, describe below the good faith efforts that you  
made to provide such Notice to the patient after the emergency treatment or other situation  
was over.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Date

Call Number \_\_\_\_\_

Date of Service \_\_\_\_\_